FORM D

123396

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVA

OMB Number: 3235-0076

May 31, 2005 **Expires**

Estimated average burden 16.00 hours per response:

SEC USE ONLY					
Prefix Serial					
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	DATE	RECEIVED			
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Name of Offering (check if this is an amendme Goldman Sachs Global Equity Opportunitie		/ \
		1.6
Filing Under (Check box(es) that apply): Reference Reference	ule 504 🔲 Rule 505 🗹 Rule 506 🛭	Section 4(6) / DULOE
Type of Filing: ☐ New Filing ☑ Amendm		A Comment of the second
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	er	2004 >
Name of Issuer (☐ check if this is an amendme	nt and name has changed, and indicate change.)	JAN 6
Goldman Sachs Global Equity Opportunitie	es Fund plc	
Address of Executive Offices (Nu	mber and Street, City, State Zip Code)	Telephone Number (including Area Code)
Block D, Iveagh Court, Harcourt Road, Dul	olin 2, Ireland	
Address of Principal Business Operations (N	Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	•	
Brief Description of Business		100 100 100 100 100 100 100 100 100 100
*		
To operate as a private investment fund.		1887
		04005908
Type of Business Organization		
□ corporation	☐ limited partnership, already formed	✓ other (please specify):
☐ business trust	☐ limited partnership, to be formed	Public Limited Company
		700500
	Month Year	- 1 1000 0 6 200k
Actual or Estimated Date of Incorporation or Orga	anization: 0 3 0 3	☑ Actual ☐ EstimatAN 26 2004
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for THOMSON
	State: CN for Canada; FN for other foreign jur	7
CICATED AT INCOMINGUAGE		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Goldman, Sachs & Co.
Business or Residence Address (Number and Street, City, State, Zip Code)
85 Broad Street, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer Managing Partner
Full Name (Last name first, if individual) Sotir, Theodore T.
Business or Residence Address (Number and Street, City, State, Zip Code)
85 Broad Street, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer Managing Partner
Full Name (Last name first, if individual) Hillenbrand, M. Roch
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, New York, 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer Managing Partner
Full Name (Last name first, if individual) Dilworth, James
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, New York, 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer Managing Partner
Full Name (Last name first, if individual) McGeough, David J.
Business or Residence Address (Number and Street, City, State, Zip Code)
32 Old Slip, New York, New York, 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer Managing Partner
Full Name (Last name first, if individual) Regan, Eugene
Business or Residence Address (Number and Street, City, State, Zip Code)
22 Old Cit., No. 37 and Alamay, al. 10005

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BASIC IDENTIFICATION DATA	
2.	Enter the information requested for the following:	
	* Each promoter of the issuer, if the issuer has been organized within the past five years;	
	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mor of the issuer;	re of a class of equity securities
	* Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
	* Each general and managing partner of partnership issuers.	
Che	neck Box(es) that Apply:	
Ful	ll Name (Last name first, if individual)	
Fit	tzgerald, Stephen	
	ssiness or Residence Address (Number and Street, City, State, Zip Code)	
	Old Slip, New York, New York, 10005	
Che	neck Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ *of the Issuer's Investment Manager	General and/or Managing Partner
}	ll Name (Last name first, if individual)	
	tterman, Robert B.	
	isiness or Residence Address (Number and Street, City, State, Zip Code) Old Slip, New York, New York, 10005	
	neck Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director* ☐	General and/or
	*of the Issuer's Investment Manager	Managing Partner
Ful	Ill Name (Last name first, if individual)	
Joi	nes, Robert C.	
	usiness or Residence Address (Number and Street, City, State, Zip Code)	
$\overline{}$	Old Slip, New York, New York, 10005	
Cn	neck Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director *of the Issuer's Investment Manager	General and/or Managing Partner
-	ıll Name (Last name first, if individual) ulvihill, Donald J.	
	usiness or Residence Address (Number and Street, City, State, Zip Code)	
32	Old Slip, New York, New York, 10005	
	neck Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director *of the Issuer's Investment Manager	General and/or Managing Partner
Ful	all Name (Last name first, if individual)	
La	ane, Eric	
	usiness or Residence Address (Number and Street, City, State, Zip Code)	
	ne New York Plaza, New York, New York, 10004	
Ch	neck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Ful	ıll Name (Last name first, if individual)	
Bu	usiness or Residence Address (Number and Street, City, State, Zip Code)	
Ch	neck Box(es) that Apply:	General and/or Managing Partner
Ful	all Name (Last name first, if individual)	
Bu	usiness or Residence Address (Number and Street, City, State, Zip Code)	
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	

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				B. INF	ORMAT	ION ABO	UT OFFI	ERING				
					· · · · · · · · · · · · · · · · · · ·						Yes	No
1. Has the	e issder sold	l, or does th						-				Ø
			Α	inswer also	in Appendi	x, Column	2, if filing u	inder ULOE	i.			
2. What is the minimum investment that will be accepted from any individual?								\$1,000,000*				
	er may acc										Yes ☑	No □
commi If a per or state	the informa ssion or sin rson to be li es, list the n er or dealer,	nilar remune sted is an as ame of the	eration for s ssociated pe broker or de	olicitation or rson or age caler. If mo	of purchaser nt of a broke ore than five	rs in connecter or dealer (5) person:	etion with sa registered v s to be liste	ales of secur with the SE	rities in the C and/or wi	offering. th a state		
Full Name	(Last name	first, if ind	ividual)									
	Sachs & Cor Residence		Number and	Street, City	, State, Zip	Code)						
85 Broad	Street, Nev	York, Nev	w York 100	004								
	ssociated B								· · · · · · · · · · · · · · · · · · ·			
	Vhich Perso All States" o											l States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Duringer	D damae	A d J ()	North and	Street City	Ctata 7ia	Code	 					
Dusiness o	r Residence	: Address (1	Number and	Sireet, City	y, State, Zip	Code						
Name of A	ssociated E	roker or De	ealer									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
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2 411 1 14111	(
Business of	or Residence	Address (I	Number and	Street, City	y, State, Zip	Code)			 -		· · · · · · · · · · · · · · · · · · ·	
Name of A	Associated E	Broker or De	ealer									
	Vhich Perso								************			All States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt	\$_	0	\$ 	0
	Equity (Ordinary Shares)	\$_	109,200,000	\$ 	109,200,000
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_	0	\$ 	0
	Partnership Interests.	\$_	0	\$ _	0
	Other ()	\$_	0	\$	0
	Total	\$	109,200,000	\$ 	109,200,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Newbor		Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors	_	7	\$ 	109,200,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$ 	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$ _	N/A
	Regulation A		N/A	\$ _	N/A
	Rule 504	_	N/A	\$ _	N/A
	Total		N/A	\$ _	N/A
ti ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$ 	0
	Printing and Engraving Costs			\$ _	0
	Legal Fees		Ø	\$ _	202,058
	Accounting Fees			\$ _	0
	Engineering Fees			\$	_ 0
	Sales Commissions (specify finders' fees separately)		\square	\$ _	327,600
	Other Expenses (identify)			\$ _	0
	Total		Ø	\$ _	529,658
				_	

503904.5

C. OFFERING PRICE, NUMB	PED OF INVESTORS EVD	ENC	EC A	ND USE OF D	POCE	EDG	
b. Enter the difference between the aggregate of - Question 1 and total expenses furnished in res difference is the "adjusted gross proceeds to the is	fering price given in response to ponse to Part C - Question 4.a.	Part (C s	IND USE OF F	KOCE.		108,670,342
6. Indicate below the amount of the adjusted gross proto be used for each of the purposes shown. If the furnish an estimate and check the box to the lapayments listed must equal the adjusted gross proto Part C - Question 4.b. above.	amount for any purpose is not keeft of the estimate. The total	cnowr of th	ı, e		· <u>-</u>		
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$_	0
Purchase of real estate			\$_	0	_ 🗆	\$_	0
Purchase, rental or leasing and installation of mac	hinery and equipment		\$_	0		\$_	0
Construction or leasing of plant buildings and faci	lities		\$_	0	_ 🗆	\$_	0
Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of		\$	0		\$	0
Repayment of indebtedness		_	* -	0		°-	0
Working capital			Ψ-	0		Ψ-	0
Other (specify): <u>Investment Capital</u>			φ		- 121 121	Ψ-	108,670,342
Column Totals			* - \$	0	- EZ	\$ - \$	108,670,342
Total Payments Listed (column totals added)		•••••		☑ \$	108,6	70,34	2
	D. FEDERAL SIGNATUI	RE					
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the of its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Se	curiti	es an	d Exchange Com	mission,	upon	written request
ssuer (Print or Type) Goldman Sachs Global Equity Opportunities Fund plc	Signature		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date January <u>/b</u> ,	2004		
Name of Signer (Print or Type) Eric Lane	Title of Signer (Print or Type) Vice President of the Issuer's	Inves	tmen	t Manager			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).